Rec'd PCT/PTO 06 JAN 2	2005
International Application No.]
International Filing Date	
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Applicant's or agent's file reference	ī

REQUEST					
·	International Filing Date				
The undersigned requests that the present					
international application be processed according to the Patent Cooperation Treaty.					
	Name of receiving Office and "	PCT International Application"			
	Applicant's or agent's file refere				
Box No. I TITLE OF INVENTION	(if desired) (12 characters maxi	imum) 758.1491WOU1			
PROCESSES FOR CLOSING FLUTES OF F	ILTER MEDIA: AND. PRO	DUCTS			
Box No. II APPLICANT					
Name and address: (Family name followed by given name; for a legal					
address must include postal code and name of cou indicated in this Box is the applicant's State (that t		This person is also inventor			
residence is indicated below.)		Telephone No.			
DONALDSON COMPANY, INC.		- -			
1400 West 94th Street		Facsimile No.			
P.O. Box 1299 Minneapolis, Minnesota 55440-1299		Teleprinter No.			
United States of America					
State (that is, country) of nationality:	State (that is, country) of residence:				
US	US				
		United States the States indicated in the Supplemental Box			
Box No. III FURTHER APPLICANT(S) AND/O	R (FURTHER) INVENTOR	(S)			
Name and address: (Family name followed by given name; for a legal address must include postal code and name of cou		m: .			
indicated in this Box is the applicant's State (that i. residence is indicated below.)		This person is:			
residence is martined below.y		applicant only			
GOLDEN, Patrick 199 West County Road C2					
Roseville, Minnesota 55113		applicant and inventor			
United States of America		inventor only (If this check-box is			
	•	marked, do not fill in below.)			
State (that is, country) of nationality:	State (that is, country) of residence:				
US	US US				
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Further applicants and/or (further) inventors are ind		the Supplemental Box			
Box No. IV AGENT OR COMMON REPRESEN		OR CORRESPONDENCE			
The person identified below is hereby/has been appointed to act on of the applicant(s) before the competent International Authorities a	s: 🔼	nt common representative			
Name and address: (Family name followed by given name; for a legal e address must include postal code and name of count		Telephone No. 612/336-4711			
BRUESS, Steven C.	}	Facsimile No. (612) 336-4751			
Merchant & Gould P.C. P.O. Box 2903	-	Teleprinter No.			
Minneapolis, Minnesota 55402-0903					
United States of America					
Mark this check-box where no agent or common rep	nresentative is/has been appointed	and the space above is used instead to			
indicate a special address to which correspondence		- ,			

Form PCT/RO/101 (first sheet) (July 1998)

See Notes to the request form

Sheet	Nο				

Continuation of Box No. III FUR LIER APPLICANTS AND/OR (FURTHER) 1. VENTORS							
If none of the following sub-boxes is used, this sheet is not to be included in the request.							
Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is:							
REICHTER, Gregory L. 10617 Hopkins Road applicant only applicant and inventor							
Bloomington, Minnesota 55420 United States of America United States of America inventor only (If this check-box is marked, do not fill in below.)							
State (i.e. country) of nationality: US State (i.e. country) of residence: US							
This person is applicant all designated II designated States except the United States the States indicated in the States of America only the Supplemental Box							
Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is:							
RISCH, Daniel T. 1116 136th Street West applicant only applicant and inventor							
Burnsville, Minnesota 55337 United States of America inventor only (If this check-box is marked, do not fill in below.)							
State (i.e. country) of nationality: US State (i.e. country) of residence: US US							
This person is applicant for the purposes of: all designated the United States except the United States of America only the States indicated in the Supplemental Box							
Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is:							
applicant only							
applicant and inventor inventor only (If this check-box is							
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This person is applicant for the purposes of: all designated States except the United States of America of America only the Supplemental Box							
Name and address (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is:							
applicant and inventor							
inventor only (If this check-box is marked, do not fill in below.)							
State (i.e. country) of nationality: State (i.e. country) of residence:							
This person is applicant all designated li designated States except the United States indicated in the States indicated in the States indicated in the Supplemental Box							
Further applicants and/or (further) inventors are indicated on another continuation sheet.							

Form PCT/RO/101 (continuation sheet) (July 1993; reprint January 1997)

See Notes to the request form

Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

- AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra.

 Leone, SZ Swaziland, TZ Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
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- EP European Patent: AT Austria, BE Belgium, BG Republic of Bulgaria, CH and LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Republic Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SK Slovak Republic, SL Slovenia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (ifother kind of protection or treatment desired, specify on dotted line)

Nation	al Pate	nt (if other kind of protection or treatment desired	t, specify	v on dotte	d line):
Ø	AE	United Arab Emirates	\boxtimes	LK	Sri Lanka
茵	AG	Antigua and Barbuda	$\overline{\boxtimes}$	LR	Liberia
茵	AL	Albania	茵	LS	Lesotho
岗	AM	Armenia	茵	LT	Lithuania
岗	ΑT	Austria and utility model	岗	LU	Luxembourg
ᄶ	AU	Australia	স্থি	LV	Latvia
ద	ΑZ	Azerbaijan	ద	MA	Morocco
X	BA	Bosnia and Herzegovina	ద	MD	Republic of Moldova
X	BB	Barbados	X	MG	Madagascar
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図	GD	Grenada	図	TJ	Tajikistan
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茵	GM	Gambia	茵	TN	Tunisia
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矧	KR	Democratic People's Republic of Korea Republic of Korea	岗	ZA	South Africa
		-	岗	ZW	Zimbabwe
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Sheet	Nο			4

Box No. VI	Box No. VI PRIORITY CLAIM Further priority claims are indicated in the Supplemental Box.								
Filing date				Where earlier application is:					
of earlier ap		N	ımber	nat	ional applic	cation:	regional application:*	international application:	
(day/mont	th/year)	of earlier	application		country		regional Office	receiving Office	
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item (2)	. <u>. </u>								
				1					
item (3)						·	·		
of the	The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): (1)								
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Box No. VII	INTERNA	TIONAL SE	ARCHING AU	THORIT	Y				
Choice of Inter	rnational Sea	rching Autho	rity (ISA)					t search (if an earlier search has	
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the Authority ch				Date (da	ay/month/y	ear):	Number:	Country (or regional Office):	
ISA / EP									
Box No. VIII	CHECK L	IST; LANGU	AGE OF FILE	NG					
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Box No. IX	SIGNATUR	RE OF APPL	ICANT OR AC	GENT					
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).									
By Att Mes									
Steven C. Bruess For receiving Office use only									
	ual receipt of t	he purported		101100	iving Offic	cuscomy .		2. Drawings:	
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3. Corrected date of actual receipt due to later but timely received papers or drawings completing									
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	5. International Searching Authority ISA/ 6 Transmittal of search copy delayed until								
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